

Wide Area Network Requests Guidance and Procedures

Joint Chairmen's Report (JCR)

JCR Section 49

Effective July 1, 2002

Revised Procedures Effective January 1, 2003

Department of Budget & Management Office of Information Technology

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1 Background

1.1 Purpose

The April, 2002 Joint Chairmen's Report (JCR) enacted legislation in **Section 49 Wide Area Networks (§49),** requiring that the State Chief Information Officer (CIO) review and approve agency expenditures on the enhancement of existing or construction of new networks. The purpose for this review is to determine if the proposed network expenditures are consistent with and not duplicative of a proposed statewide network.

1.2 New Process

In order for the State CIO to approve these network expenditures, the agency Wide Area Network (WAN) requests will be reviewed using a new process. A new form, the **WIDE AREA NETWORK REQUEST**, was developed for this purpose and is included in this package, **Appendix A**, to help with the approval process. This form is to be submitted to the Information Technology Investment Management (ITIM) division within the Office of Information Technology (OIT). This form will provide basic information in a consistent manner to review the purpose and design of the proposed WAN expenditure and to make a determination that it is consistent with the plans for the proposed statewide network.

1.3 Review and Approval

A team of technical network professionals will review the requests received each week and make a determination for each request. The requests that are deemed consistent with the proposed statewide network plans will then be forwarded to the State CIO for final approval. The Information Technology Investment Management agency analyst will then contact you regarding the disposition of your request. The review process for agency requests should take no more than 10 business days from the time it is received.

2 Wide Area Network Request Form

2.1 When to Submit

Pursuant to JCR §49, the WIDE AREA NETWORK REQUEST should be submitted in advance of expenditures for any enhancements to existing WANs or proposed construction of new WANs. For larger new network requests, we recommend the involvement of the networkMaryland program personnel during the planning phases, before the request is prepared.

2.2 Definition

- WAN is defined as any telecommunications network that <u>extends beyond an agency's</u> campus.
- **Campus** is defined as a <u>series of buildings geographically adjacent</u> to one another.

2.3 Types of Requests Included

- All expenditures for WAN data communication circuits; such as, frame relay, ISDN, ATM, or SONET; utilizing wireline, wireless or optical media.
- Any new ISP web services.
- Any local circuits.
- Any long-distance circuits.
- Any request to use networkMaryland services.

2.4 Types of Requests that do not need a WAN Request

- Repairs, replacements, maintenance, or operations to existing networks do not require a WAN Request as they do not need approval.
- Local Area Networks (LANs) are not included.

2.5 What to Submit

- A Wide Area Network Request form, and
- A network diagram showing current and proposed circuits

2.6 The WAN Request Form

The WIDE AREA NETWORK REQUEST FORM is required. Complete all of the information requested on the form. Please supply a business justification for the request. In the design block of the form, you should include as much information as necessary for the network engineers to make a determination about the circuit and any new communications equipment terminating either end of the circuit. Agencies are encouraged to submit proposals for entire networks or projects, in lieu of individual components. You may also enter the circuit ordering information into the ADPICS system at this time. It will await approval of the State CIO before the purchase order is sent.

Be sure to show ANNUAL costs and/or <u>savings</u> in the estimated initial and recurring cost and savings blocks. *Note: The form and instructions are included in the Appendix.*

2.7 The WAN Diagram

Attach a **NETWORK DIAGRAM** illustrating the proposed new circuit(s) or changes to the existing network. A sample diagram is attached. Include the following information:

- Show existing WAN and proposed changes or additions, clearly marked
- Locations origination and termination (*Indicate existing where affected and new*)
- Type of circuit or service and bandwidth (e.g. Frame, ATM, SONET/DS1, DS3, OC3)
- New network devices (e.g. DSU/CSU, Router)
- Show any cross LATA boundaries on the network diagram

Note: A sample diagram using Visio is included in the Appendix.

3 Appendix

- 3.1 Wide Area Network Request Form
- 3.2 WAN Request Form Instructions
- 3.3 Sample Network Diagram
- 3.4 WAN Request Process Flow

3.1 Wide Area Network Request Form

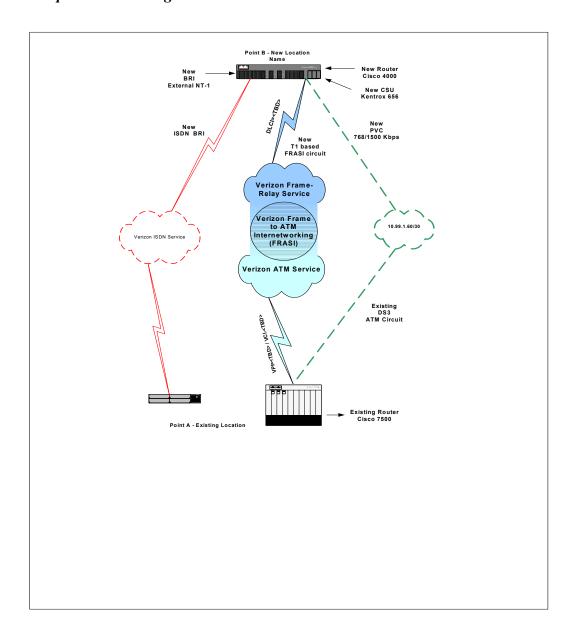
WIDE AREA NETWORK REQUEST JCR SECTION 49 COMPLIANCE EFFECTIVE JULY 1, 2002											
A.	ADPICS Control #:			DBM Co	ntrol #:			Date:			
	ТО:	Office Inform	Department of Budget & Management Office of Information Technology Information Technology Investment Management Division Email: itim@dbm.state.md.us								
	FROM:		cy Name:		Agency Code:						
			Name:								
			Person Authorizing:								
			act Person:		Phone:						
		Emai	Email:								
B.	REQUEST TYPE: [Place X in all boxes that app		?		e/Upgrade Exi			NwMD Requ	est?		
	EST. START DATE:				EST. COMPLETION DATE:				40.00		
	EST. INITIAL COST	\$0.00		_	EST. RECURRING COST: [Annual Cost]				\$0.00		
	EST. INITIAL SAVINGS				EST. RECURRING SAVINGS: [Annual Savings]				\$0.00		
C.	PROJECT TITLE: [Please provide a brief title.]										
	PURPOSE: [Provide the reason this work is being requested, the goal/desired result, the end-users, & locations affected]										
	1. Business reason		ose:								
	2. Goal or desired resul										
	3. Users affected:										
	4. Locations: [List street address for e		cation]								
	design, including LATA be		the sections below. Attach additional pages as needed. You must attach a diagram showing the network es. If this change ties into an existing network, show the existing network with the modifications or additions.]								
	5. Requirements: [The requirements should support of the goal of thi										
	6. Design: [Attach diagram & system-level										
	description of the network		 0.0E07!	ON TO DE O	OMDI ETES	N DV DE	\N.4				
	Paviawad Pv		THIS SECTION TO BE COMPLETED BY DBM Person Date Comments								
Receir	Reviewed By of Information	Pers	OUI	Date	Comments Scheduled Review Date:						
	nalyst				Concadica iterici				•		
Archit											
netwo	rkMD										
ENS	N										
	om, Wireless										
Securi DBM (
	CIO Approval:	Yes 🗌	No 🗌	State CIO Signature:				Date:			
Comn	nents:										

3.2 WAN Request Form Instructions

The form is divided into three input sections, labeled on the left as: Sections A, B, and C.

Field Name	Req./Opt.	Instructions Instructions					
SECTION A:	Kcq./Opt.	THE UCHUMS					
	Ontional	A number you want to use to treat your request intermell-					
Agency/Entity Control #:	Optional	A number you want to use to track your request internally. Enter any combination of numbers and letters.					
TSR# or CCR#:	Optional	If a Telecommunications Service Request (TSR) is being					
15K# 01 CCK#.	Optional	submitted with this request, please enter the number here.					
Date:	Required	Date request is submitted in MM/DD/YY format.					
To:	Pre-filled	This is where the form should be sent. Email is acceptable.					
From:	Pre-filled	See below.					
Agency Name or Entity Name:	Required	Full name of the agency or business submitting the request.					
Agency Code:	Optional	The 6-digit code assigned to your agency.					
Dept. Name:	Required	Full name of the department submitting the request.					
Person Authorizing:	Required	Full name of person responsible for authorizing expenditures.					
Contact Person:	Required	Full name of person we may contact for questions.					
Phone:	Required	Telephone number of contact person for questions.					
Email:	Required	Email of contact person for questions.					
SECTION B:		· · · · · · · · · · · · · · · · · · ·					
Request Type:	Required	Check all boxes that may apply. If this is a request for services					
	•	on networkMD, please be sure to check this block.					
Est. Start Date:	Optional	The date that you would like the work to begin on this project.					
		If there is timing factor, such as a building relocation that must					
		occur first, please note this in the requirements section below.					
Est. Completion Date:	Required	The date that you would like the work to be completed. If there					
		is a time constraint, such as operations must be up and running					
		by a specific date, please note this in the requirements.					
Est. Initial Cost:	Required	For State agencies only. Please estimate any one-time costs.					
Est. Recurring Cost:	Required	Estimate the annual cost of the circuit.					
Est. Initial Savings:	If Applies	For State agencies only. Estimate any one-time savings.					
Est. Recurring Savings:	If Applies	For State agencies only. Estimate annual savings, e.g.,					
CECTION C		elimination of a circuit cost.					
SECTION C:	I						
Project Title:	Required	A unique name or brief title for this project.					
Purpose:	Pre-filled	See below.					
1. Business reason/purpose:	Required	The reason why you are doing this project. All of the text fields					
2 Cool on docing 1 14:	Daguina 1	will expand as you write.					
2. Goal or desired result:	Required	What is the goal and/or what do you hope to accomplish when					
		this work is complete? Example: faster response time, more users, disaster recovery ability, etc.					
3. Users affected:	Required	The number of potential or actual users and the type of user.					
4. Locations	Required	Please list the locations to be connected, their street addresses,					
7. Lucations	Required	cities, and building names, if applicable.					
Description:	Pre-filled	See below.					
5. Requirements:	Required	Describe the requirements of the network. Include bandwidth					
o. Requirements.	Required	requirements, type of expected traffic, timing considerations,					
		backup, security, redundancy, etc.					
6. Design:	Required	Describe the circuit types and sizes, hardware planned,					
	Troquirou	connectivity. Attach a diagram depicting the proposed network					
		design for all circuits, including the locations and LATA					
		boundaries, if applicable.					

3.3 Sample Network Diagram



3.4 WAN Request Process Flow

